

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER	ED	57	9-9-98
FORMALITY REVIEW	KS	71702	9-9-98

59573 1423 78

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	7	6	
2	19	09	
3	99	99	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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